

## COVID-19 HOME QUESTIONNAIRE

**Patient Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Prenatal Care Provider:** \_\_\_\_\_ **Due Date (EDC):** \_\_\_\_\_

**Date of onset of symptoms:** \_\_\_\_\_

**Date Test positive:** rapid test \_\_\_\_\_ PCR \_\_\_\_\_

**If Rapid Test, requires booking for a PCR. Must indicate pregnancy when booking**

**Date considered cleared by Public Health advice (either 10 days from positive test if asymptomatic, or 10 days from symptom onset):** \_\_\_\_\_

**Gestational age when Test positive:** \_\_\_weeks\_\_\_days

**Date of Call:** \_\_\_\_\_ **Start time:** \_\_\_\_\_ **Stop time:** \_\_\_\_\_

### Fetal/ Pregnancy Assessment (based on gestational age)

- Fetal movements meeting minimum 6 in 2 hours
  - Yes
  - No-give directions for management \_\_\_\_\_
  - Teaching provided on fetal movement counts (pamphlet #PL0814)
  
- Contractions?
  - Yes, describe \_\_\_\_\_
  - No
  
- Leakage of fluid?
  - Yes, describe \_\_\_\_\_
  - No
  
- PV bleeding?
  - Yes, describe \_\_\_\_\_
  - No

### COVID-19 Symptom Assessment

- Presence of fever greater than or equal to 38 (Take temperature 2 times/day or if feeling febrile/unwell)
  - Yes
  - No
  
- Respiratory status
- Cough
  - Yes
  - No

If Yes: Severity; Productive? Hemoptysis? Other?  
\_\_\_\_\_

- SOB?

- Yes

- No

If Yes: qualify with degree: At rest? Speaking? Walking? Stairs?  
\_\_\_\_\_

- Home O<sub>2</sub> monitoring (if O<sub>2</sub> sat probe available-sats greater than 94%)-2 times/day, increase frequency if worsening symptoms
- Taking vitamin D 2000IU daily
  - Yes
  - No-recommend initiation
- Diarrhea?
  - Yes; describe severity \_\_\_\_\_
  - No
- Hydration status: Drinking well  Adequate voids  Concentration of urine? \_\_\_\_\_

### Key Messages to review

- Ultrasound will be ordered at an appropriate time as determined by your health care provider (reinforce daily monitoring of fetal movement and COVID-19 symptoms)
- Most will experience only mild to moderate flu-like symptoms. Notify health care provider if worsening.
- Recommend vitamin D 2000 IU daily
- **If requires urgent medical attention**, direct to most appropriate health centre:
  - **COVID-19 symptoms/concerns** – seek medical help by calling 811 or if emergency call 911
  - **If pregnancy concerns**, instruct the patient to call before presenting to hospital and self-identify as COVID-19 positive, suspected, or presumed positive. Call local hospital maternity unit/ emergency department:
- Ensure all questions are answered based on most current guidelines (re: newborn care/testing, breastfeeding, visitor policy, etc.).

**NOTE\* This is a living document, undergoing continual reassessment with subject to changes as evidence and epidemiology evolves. January 2, 2022 Version 3.**